

**Infant and Maternal Mortality Among African Americans Task Force (IMMT)
Draft Minutes**

Tuesday, May 12, 2020
1:00 PM - 3:00 PM

Location:
Cisco Webex

Recorded meeting:

<https://illinois.webex.com/recordingsservice/sites/illinois/recording/playback/77fcdad73cb54bde8f3aaafb7007b358>

Draft Minutes

1. Call to Order– 1:05 p.m.
2. Welcome & Opening Remarks by IDPH Assistant Director, Evonda Thomas-Smith
3. Introductions
 - a. **Members Present:** Nelson Agbodo, Angela Ellison, Shirley Fleming, Catherine Harth, Daniel Johnson, Jeanine Valerie Logan, Tamela Milan Alexander, Pamela Roesch, Karyn Stewart, Debra Wesley, Santana Wheat.
 - b. **Members Absent:** Richard David, Cheryl Floyd, Kimberly Hollowell, Stephanie James, Virginia Julion, Jasmine Martin, Jerrilyn Pearson, Cheryl Wolfe.
 - c. **Participants:** Damon Arnold, Dara Gray Basely, Anita Blanchard, Michelle Brown, Glenda Morris Burnett, Glendean Burton, Stacy Carreon, Kathy Chan, Shondra Clay, Jessica Davenport-Williams, Christine Emmons (on behalf of Cindy Mitchell), Rep. Robyn Gabel, Carmen Garcia, Ausannette Garcia-Goyette, Arden Handler, Joseph Harrington, Michelle Hoersch, Janel Hughes-Jones, Barbara Julion, Jessica Lamberson, Mia Layne, Bakahia Madison, Ellen Mason, Pastor Angelique Mohammed, Guadalupe Perez, Ashley Phillips, Jennie Pinkwater, Timika Anderson Reeves, Judith Stewart, Evonda Thomas-Smith, Cheryl Rucker-Whitaker.
4. Approval of minutes
 - a. Minutes from 01/28/2020 and 04/15/2020 are approved.
5. High-Level Updates
 - a. Accomplishments/Successes
 - UIC launched Mask for Moms campaign contact Arden Handler for more information or donations (handler@uic.edu). Or learn more here: <https://coeinmch.uic.edu/masks-for-moms/>
 - b. Challenges:
 - Closing of OB units at Trinity, St. Bernard, Jackson Park and Metro South.
 - Metro South, Jackson Park, and Holy cross closed in 2019; Trinity and St. Bernard in March and April of 2020
 - The community was not made aware and found out until they arrived at the delivery center.
 - We don't have data to know where these women are going. We believe they are going to University of Chicago and some are going to Advocate

Christ. They would arrive at Trinity and be transported to Christ (ambulanced over).

- Hospital utilization field trends for COVID-19 were overestimated.
- Some are arriving at University of Chicago and it would be helpful to coordinate where they are assigned and where they want to deliver to help make sure there is coordination.
- When determining the economic reasoning behind closing facilities, many of the population we are discussing receive Medicaid and this creates economic challenges for facilitates and prompt their request to close.
- Many women are not going to post-natal care.
- The established schedule for prenatal care has changed since COVID. In person visits happen at gestational weeks such as 16 weeks, when they have their anatomic survey ultrasound, there is an in-person visit at 36 weeks. Many of the routine visits are being done my telemedicine. Dr. Mark Loafman and Ellen Mason have been discussing trying to get home blood pressure cuffs and scales to prenatal patients.
- Part of our recommendations should be surrounding dollars and cents. Many of these units are serving a heavy Medicaid population so reimbursement services don't match the associated cost of delivery. The end result is that no one is pursuing these patients.
- Reimbursement for Medicaid in IL is very low and leads to institutions not wanting to see these patients.
- We must also consider all models that may not be as expensive as the current hospital model. i.e.) birthing centers that are not in the hospitals, but if an emergency arises, then certified midwives or healthcare workers can tend to those emergencies.
- IL passed the Safe Child Birthing Act in 2007 that allowed for 10 birthing centers throughout IL however there are currently only two.
- We need to look at this issue not only from a Cook County perspective but a statewide issue. It is not a regional isolated problem, but a statewide issue.
- It appears that at decision making stages, there tends not to be representation of members from this population. How can we equalize the process?
- Access to Wi-Fi and use of technology can be a barrier to telehealth so there needs to be community engagement with resources and education.
- Health Connect One has a list of birth and breastfeeding equity lens leaders that are helping with prenatal education and breastfeeding education.
- How can we integrate faith-based nurses? Several churches would like to be involved in this work.

6. IMMT Subcommittee Mandates:

a. Community Engagement

- Review data on social and environmental risk factors for women and infants of color.
- Review analysis on the impact of overt and covert racism on toxic stress and pregnancy related outcomes for women and infants of color.

b. Systems Group

- Gather nationwide data on maternal deaths and complications, including data by race, geography, and socioeconomic status.
- Identify best practices to improve quality and safe maternity care.

b. Programs & Best Practices Group

- Research regarding women's health before, during, and between pregnancies.

- Identify effective interventions to address the social determinants of health disparities in maternal and infant outcomes.

7. Subcommittee Updates/Recommendations

a. **Community Engagement**

- Chaired by Tamela Milan Alexander and Dr. Shirley Fleming
- Focusing not only on the research but on the community voice.
- The committee is working on creating a ten-question consumer survey to see what contributes to the well-being of black mothers and infants as well as looking at the barriers.
- Looking at current existing surveys, looking at the determinants of health, women's experiences and perceptions of their relationship with the healthcare system i.e.) Do I feel like I am welcomed or respected and heard in this space?
- Would like to host online townhalls where we would be discussing the same topics.
- Guiding recommendations to come from the survey responses and from the voice of the community.

b. **Systems Group**

- Chaired by Glendean Burton and Dr. Catherine Harth
- MCO's are not only providing health coverage but also funds to food deserts, housing efforts, and education.
- New York and Michigan have been states who have been successful in working with MCO's.
- Recent legislation that mandates insurance coverage from one-year post-partum extends to all women regardless of citizenship status.
- There is need to provide health providers on trauma informed care and social equity and implicit bias on health outcomes.
- Need for quality care and access for issues on domestic violence, substance abuse issues, and perinatal depression.

c. **Programs & Best Practices**

- Currently accepting and welcoming chair leads for this subcommittee
- Co-leads are in charge of making sure the conversation keeps moving and that the committee comes up with guidance's and recommendations per the mandate.
- This committee is looking to create a space to come up with unique programming for women and babies
- CityBlock Health could be a good resource for this committee

8. Public Comment

a. Dr. Glenda Morris Burnett

- Dr. Burnett expressed the need for public health nurses and their history of working with women, children, and families. Asking public health to consider public health nurses when planning and proposing the interventions in maternal mortality. Public health nurses can add to the evidence of health care practices and contribute to the delivery of a healthy child and the mothers well-being. Public health nurses should be taken in consideration to health planning and health policies because they have experience working in the community.

b. Response to public comment:

- Dr. Cheryl Whitaker noted that the Illinois Association of Medicaid Health Plans (IAMPH) Executive Director Samantha Olds Frey could be a good resource in sharing information on the need of public health nurses. Medicaid is responsible for paying for over 50% of the births in IL and is a significant player.
- Where are the public health nurses in this COVID-19 response? Public

Health nurses have decreased both in IL and nationally across the country. The funding for this has also decreased significantly.

9. Next Steps

a. Recommendations to address in the short-term:

- Systems Subcommittee:
 - Understand how closures of OB units are determined and see how we can add a lens of racial equity to this process. At a recent town hall hosted by Dr. Lisa Green, it was noted that an African American OB/GYN at one of these closed OB sites was on a committee doing similar work and should be invited to the subcommittee.
 - Having a dedicated “Mom’s Day” in healthcare for mothers and babies since many mothers are afraid to seek health services over fear of contracting COVID-19.
- Programs & Best Practices:
 - Tele Health; see how this change in our model of healthcare has been positive or negative for African American Women. See if there is data available regarding the effectiveness of telehealth visits from both providers and consumers perspective.
- Community Engagement
 - Continue working on survey, tele-town hall, and addressing issue of homelessness and food deserts.

b. Long term

- The subcommittees will continue work on the long-term goals of the Task Force (mandates).

10. Closing Remarks

- a. Thank you to all who participated and for your dedication to the work.
- b. Evonda Thomas-Smith will be moving into a volunteer role with the Task Force as she is retiring at the end of May.

11. Adjournment- 3:02 p.m.

Upcoming Meetings:

i. Systems Subcommittee

Monday, June 8, 2020 from 12:00 PM - 1:00 PM